

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019		Entity Name: PROVIDENCE REGIONAL MEDICAL CENTER EVERETT						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 KIM WILLIAMS	X		423,895	154,682	143,225	263,113	23,820	1,008,736
2 JAMES M COOK			387,405	76,541	45,643	99,573	14,238	623,399
3 LIGA Z MEZARAUPS			255,157	75,847	2,335	60,299	13,292	406,930
4 DARREN V REDICK			252,690	47,958	2,443	75,838	20,502	399,431
5 KARIN M LARSON-POLLOCK			186,647	22,816	46,219	45,569	1,614	302,865
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov